

Grafton Hall Resident Parking Application Form

Email this form to: office@graftonhall.co.nz, or post to Grafton Hall, 40 Seafield View Rd, Grafton.
Auckland 1023.

YEAR: 20__

Resident Details

Name

Room Number (if known)

Mobile Phone Number

Email

Vehicle Details

Make

Model

Colour

License Plate

Car Park Requested for

Semester 1

Semester 2

Full Year

Reason for needing a car in Auckland

Office Use Only:

Received _____

Car Park No _____